


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90189 033 ***150.00

DOCUMENT # P99000036855	
1. Entity Name John Cordwell Builders, Inc.	

DO NOT WRITE IN THIS SPACE

10000000

2. Principal Place of Business 4926 N. Cottonwood Pt.	3. Mailing Address 4926 N. Cottonwood Pt.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Hernando FL 34442	City & State Hernando FL	4. FEI Number 59-3574752	Applied For <input type="checkbox"/> Not Applicable
Zip 34442	Country USA	Zip 34442	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John Cordwell
Street Address (P.O. Box Number is Not Acceptable) 4926 N. Cottonwood Pt.
City Hernando
State FL
Zip Code 34442

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Cordwell 4926 N. Cottonwood Pt. Hernando FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Sharon E. Cordwell 4926 N. Cottonwood Pt. Hernando FL 34442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN CORDWELL

Date

Daytime Phone #

1-13-05 352-726-2710

CR2E034B (12/02)